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## FAX TRANSMISSION

DATE: February 2, 2007

PTO IDENTIFIER: Application Number 10/826,654-Conf. #2135  
Patent Number

Inventor: James Nadeau et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: PATTON BOGGS LLP

Kellie L. Carden

PHONE: (703) 744-7919

Attorney Dkt. #: 020187.0208PTUS P-6041

PAGES (Including Cover Sheet): 9

CONTENTS: Certificate of Transmission (1 page)  
Transmittal (1 page)  
Fee Transmittal (1 page)  
Petition for Three Month Extension of Time (2 pages)  
Response to Restriction Requirement (2 pages)  
Credit Card Payment Form (1 page)

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PTO/SB/87 (09-06)

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Application No. (if known): 10/826,654

Attorney Docket No.: 020187.0208PTUS  
P-AN41**Certificate of Transmission under 37 CFR 1.8**

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Transmittal (1 page)  
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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/826654 Conf. 2135
		Filing Date	April 19, 2004
		First Named Inventor	James Nadeau
		Art Unit	1634
		Examiner Name	Frank W. M. Lu
Total Number of Pages in This Submission	7	Attorney Docket Number	020187.0208PTUS P-6041

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Restriction Requirement	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (Three Months)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form and Certificate of Facsimile Transmission
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PATTON BOGGS LLP		
Signature	<i>Kellie L. Carden</i>		
Printed name	Kellie L. Carden		
Date	February 2, 2007	Reg. No.	52,696

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004/009

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PTO/SB/17 (07-06)

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<b>44</b> <b>Effective on 12/08/2004.</b> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/826654 Conf. # 2135
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 19, 2004
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>1590.00</b>		First Named Inventor	James Nadeau
		Examiner Name	Frank W. M. Lu
		Art Unit	1634
		Attorney Docket No.	020187.0208PTUS P-6041

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Note	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 50-2228		Deposit Account Name: <b>Patton Boggs LLP</b>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-	-	x	=	-	-	-
HP = highest number of total claims paid for, if greater than 20.						

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	Fee Paid (\$)

**4. OTHER FEE(S)**Other (e.g., late filing surcharge): **1253 Extension for response within the fourth month** **1,590.00**

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<i>Kellie L. Carden</i>	52,696	(703) 744-7919
Name (Print/Type)	Kellie L. Carden	Date	February 2, 2007

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